

GENERAL ASSEMBLY OF NORTH CAROLINA
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HOUSE BILL DRH30062-NB-25

Short Title: Audiology Modifications. (Public)

Sponsors: Representatives Lambeth, K. Baker, White, and Cunningham (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO UPDATE THE GENERAL STATUTES OF NORTH CAROLINA GOVERNING
3 THE PRACTICE OF AUDIOLOGY TO BETTER REFLECT THE CHANGES IN
4 EDUCATION, EXPERIENCE, AND PRACTICE OF THE PROFESSION IN ORDER TO
5 ENHANCE THE HEALTH AND WELFARE OF NORTH CAROLINA CITIZENS.

6 Whereas, it is the intention of the North Carolina General Assembly to promote the
7 health and welfare of the citizens of this State; and

8 Whereas, the COVID-19 pandemic has placed increasing demands on all health care
9 professionals; and

10 Whereas, it is the intention of the North Carolina General Assembly that statutes
11 governing the profession of audiology reflect current practices, improvements, and other
12 developments that have occurred in the profession; and

13 Whereas the current statutory language does not fully encompass current practices,
14 improvements, and other developments; Now, therefore,
15 The General Assembly of North Carolina enacts:

16 **SECTION 1.(a)** G.S. 90-292 reads as rewritten:
17 **"§ 90-292. Declaration of policy.**

18 It is declared to be a policy of the State of North Carolina that, in order to safeguard the public
19 health, safety, and welfare; to protect the public from being misled by incompetent, unqualified,
20 unscrupulous, and unauthorized persons and from unprofessional conduct on the part of qualified
21 speech and language pathologists and audiologists and to help assure the availability of the
22 highest possible quality speech and language pathology and audiology services to the
23 communicatively handicapped people of this State, it is necessary to provide regulatory authority
24 over persons offering speech and language pathology and audiology services to the public."

25 **SECTION 1.(b)** G.S. 90-293 reads as rewritten:
26 **"§ 90-293. Definitions.**

27 As used in this Article, unless the context otherwise requires:

28 (1) ~~"Audiologist" means any Audiologist.~~ – Any person who ~~engages~~ is qualified
29 by education, training, and clinical experience and is licensed under this
30 Article to engage in the practice of audiology. The audiologist is an
31 independent hearing health care practitioner providing services in hospitals,
32 clinics, schools, private practices, and other settings in which audiologic
33 services are relevant. A person is deemed to be or to hold himself or herself
34 out as being an audiologist if he or she offers such services to the public under
35 any title incorporating the terms of "audiology," "audiologist," "audiological,"
36 "audiological consultant," "hearing aid audiologist," "hearing clinic," "hearing



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clinician," "hearing therapist," "hearing specialist," "hearing aid clinician," or any variation, synonym, coinage, or similar title or description of ~~service~~ service that expresses, employs, or implies these terms, names, or functions.

(2) ~~"Board" means the Board.~~ – The Board of Examiners for Speech and Language Pathologists and Audiologists.

(3) ~~"License" means a License.~~ – A license issued by the Board under the provisions of this Article, including a temporary license.

(4) ~~"Person" means an Person.~~ – Any individual, organization, association, partnership, company, trust, or corporate body, except that only individuals can be licensed under this Article. Any reference in this Article to a "licensed person" shall mean a natural, individual person.

(5) ~~"Speech and language pathologist" means any Speech and language pathologist.~~ – Any person who represents himself or herself to the public by title or by description of services, methods, or procedures as one who evaluates, examines, instructs, counsels, or treats persons suffering from conditions or disorders affecting speech and language or swallowing. A person is deemed to be a speech and language pathologist if the person offers such services under any title incorporating the words "speech pathology," "speech pathologist," "speech correction," "speech correctionist," "speech therapy," "speech therapist," "speech clinic," "speech clinician," "language pathologist," "language therapist," "logopedist," "communication disorders," "communicologist," "voice therapist," "voice pathologist," or any similar title or description of service.

(6) ~~"The practice of audiology" means the~~ The practice of audiology. – The application of principles, methods, and procedures of measurement, testing, evaluation, prediction, consultation, counseling, instruction, habilitation, or rehabilitation related to hearing and vestibular disorders for the purpose of identifying, preventing, ameliorating, or modifying such disorders and conditions in individuals or groups of individuals. For the purpose of this subdivision, the words "habilitation" and "rehabilitation" shall include auditory training, speech reading, aural rehabilitation, hearing aid use evaluation and recommendations, and fabrication of earmolds and similar accessories for clinical testing purposes related to disorders of the auditory and vestibular systems. Areas of audiology practice include, but shall not be limited to, the following, delivered to people across the life span:

a. Performing basic health screenings consistent with audiology training. Screenings that indicate the possibility of medical or other conditions that are outside the scope of practice of an audiologist must be referred to appropriate health care providers for further evaluation or management.

b. Eliciting patient histories, including the review of present and past illnesses, current symptoms, reviewing tests, obtaining or reviewing patient history obtained separately, reviewing procedures, and documentation of clinical information in the electronic health record or other records.

c. Preventing hearing loss by designing, implementing, and coordinating industrial, school, and community-based hearing conservation programs by educational outreach, including screening, to the public, schools, and other health care professionals and governmental entities, and by counseling and treating those at risk with behavioral or

1 nutritional modification strategies related to noise-induced hearing
2 loss prevention or with active or passive hearing protection devices.
3 d. Identifying dysfunction of hearing, balance, and other auditory-related
4 systems by developing and overseeing hearing and balance-related
5 screening programs for persons of all ages, including newborn and
6 school screening programs.
7 e. Conducting audiological examination and audiologic diagnosis and
8 treatment of hearing and vestibular disorders revealed through the
9 administration of behavioral, psychoacoustic, electrophysiologic tests
10 of the peripheral and central auditory and vestibular systems using
11 standardized test procedures, including, but not limited to, audiometry,
12 tympanometry, acoustic reflect, or other immittance measures,
13 otoacoustic emissions, auditory evoked potentials, video and
14 electronystagmography, and other tests of human equilibrium and tests
15 of central auditory function using calibrated instrumentation leading
16 to the diagnosis of auditory and vestibular dysfunction abnormality.
17 f. Assessing the candidacy of persons with hearing loss for cochlear
18 implants, auditory brainstem implants, middle ear implantable hearing
19 aids, fully implantable hearing aids, bone-anchored hearing aids, and
20 gene or stem cell therapy; and post-medical intervention, follow-up
21 assessment, and treatment.
22 g. Offering audiologic decision making and treatment for persons with
23 impairment of auditory function utilizing amplification or other
24 assistive devices, or auditory training.
25 h. Selecting, fitting, evaluating, and dispensing hearing aids and other
26 amplification or hearing-assistive or hearing-protective systems, and
27 audiologic rehabilitation to optimize use.
28 i. Fitting and mapping of cochlear implants and audiologic rehabilitation
29 to optimize device use.
30 j. Fitting of middle ear implantable hearing aids, fully implantable
31 hearing aids and bone-anchored hearing aids, and audiologic
32 rehabilitation to optimize device use.
33 k. Conducting otoscopic examinations, removing cerumen, and taking
34 ear canal impressions.
35 l. Providing audiologic examination, audiological decision making, and
36 treatment of persons with tinnitus, including determining candidacy,
37 treatment selection and provision, and providing ongoing
38 management, using techniques, including, but not limited to,
39 biofeedback, masking, sound enrichment, hearing aids and other
40 devices, education, counseling, or other relevant tinnitus therapies.
41 m. Counseling on the psychosocial aspects of hearing loss and the use of
42 amplification systems.
43 n. Providing aural habilitation and rehabilitation across the life span,
44 beyond the provision and counseling related to appropriate devices,
45 such as amplification, cochlear implants, bone-anchored hearing aids,
46 other assistive listening devices, which may include auditory,
47 auditory-visual, visual training, communication strategies training,
48 and counseling related to psychosocial consequences of hearing loss.
49 o. Administering of electrophysiologic examination of neural function,
50 including, but not limited to, sensory and motor-evoked potentials,
51 preoperative and postoperative evaluation of neural function,

neurophysiologic intraoperative monitoring of the central nervous system, and spinal cord and cranial nerve function. An audiologist shall not perform neurophysiologic intraoperative monitoring except upon delegation from and under the overall direction of a physician, and the audiologist shall be qualified to perform such procedures.

p. Referring persons with auditory and vestibular dysfunction abnormalities to an appropriate physician for medical evaluation when indicated based upon the interpretation of the audiologic and vestibular test results.

q. Participating as full members of a team to prescribe and carry out goals of treatment of balance disorders, including habituation and retraining exercises and adaptation techniques, and providing assessment and treatment of Benign Paroxysmal Positional Vertigo (BPPV) using current diagnostic methods and canalith positioning maneuvers or other appropriate techniques for treatment.

r. Communication with the patient, family, or caregivers, whether through face-to-face or non-face-to-face electronic means.

s. Providing audiologic treatment services for infants and children with hearing impairment and their families in accordance with G.S. 90-294A.

(7) ~~"The practice of speech and language pathology" means the pathology. –~~
The application of principles, methods, and procedures for the measurement, testing, evaluation, prediction, counseling, treating, instruction, habilitation, or rehabilitation related to the development and disorders of speech, voice, language, communication, cognitive-communication, and swallowing for the purpose of identifying, preventing, ameliorating, or modifying such disorders.

...
(9) ~~"Accredited college or university" means an university. – An~~
institution of higher learning accredited by the Southern Association of Colleges and Universities, or accredited by a similarly recognized association of another locale."

SECTION 1.(c) G.S. 90-294 reads as rewritten:

"§ 90-294. License required; Article not applicable to certain activities.

...

(c1) The provisions of this Article do not apply to:

- (1) The activities, services, and use of an official title by a person employed by an agency of the federal government and solely in connection with such employment.
- (2) The activities and services of a student or trainee in speech and language pathology or audiology pursuing a course of study in an accredited college or university, or working in a training center program approved by the Board, if these activities and services constitute a part of the person's course of study.
- (3) ~~Individuals~~ The fitting and selling of hearing aids by individuals licensed under Chapter 93D of the General Statutes.

...

(e) ~~This Article shall not be construed to prevent any person licensed in this State under Chapter 93D of the General Statutes of North Carolina from the practice of fitting and selling hearing aids.~~

...

(i) Nothing in this Article shall apply to a licensed physical therapy or occupational therapy practitioner providing evaluation and treatment of swallowing disorders,

~~cognitive/communication~~ cognitive-communication deficits, and balance functions within the context of his or her licensed practice."

SECTION 1.(d) Article 22 of Chapter 90 of the General Statutes is amended by adding a new section to read:

"§ 90-294A. Treatment of minors.

(a) Audiologists licensed under this Article may treat minors by administering audiologic services to minors of all ages with hearing impairment, from birth to less than 18 years of age. Infants and young children represent special populations that require the expertise of an audiologist in combination with a physician for diagnostic assessment of hearing loss. The audiologist is an integral part of the team within the school system that manages students with hearing impairments and students with central auditory processing disorders. A person who is not licensed under this Article or licensed to practice medicine under Article 1 of this Chapter shall not make an assessment of a minor for hearing impairment treatment or manage health care services of a minor for hearing impairment.

(b) Audiologists licensed under this Article may provide clinical treatment, home intervention, family support, case management, and other audiologic services, including audiologic identification, assessment, diagnosis, and treatment programs to minors of all ages.

(c) Audiologists may participate in the development of Individualized Educational Programs and Individual Family Service Plans, consult in matters pertaining to classroom acoustics, assistive listening systems, hearing aids, communication, psychosocial effects of hearing loss, and maintain classroom assistive systems and students' personal hearing aids. The audiologist may administer hearing screening programs in schools and train and supervise nonaudiologists performing hearing screening in an educational setting."

SECTION 1.(e) G.S. 90-295(a) reads as rewritten:

"(a) To be eligible for permanent licensure by the Board as a speech and language pathologist, the applicant must:

...

- (3) Submit evidence of the completion of a minimum of 400 clock hours of supervised, direct clinical experience with individuals who present a variety of communication disorders. This experience must have been obtained within the training institution or in one of its cooperating ~~programs in the following areas: (i) Speech—Adult (20 diagnostic and 20 therapeutic); Children (20 diagnostic and 20 therapeutic); and (ii) Language—Adult (20 diagnostic and 20 therapeutic); Children (20 diagnostic and 20 therapeutic);~~ programs. Each new applicant must submit a verified clinical clock hour summary sheet signed by the clinic or program director, in addition to completion of the license application.

...."

SECTION 2. The Board of Examiners for Speech and Language Pathologists and Audiologists may adopt temporary rules to implement the provisions of this act.

SECTION 3. Section 1 of this act becomes effective October 1, 2021. The remainder of this act is effective when it becomes law.